

<b>FORM</b> <b>1</b> <b>GENERAL</b>		<b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUM</b> <b>FIN D 0 0 9 5 4 9 2 1 3 1</b>
<b>II. POLLUTANT CHARACTERISTICS</b> <b>INSTRUCTIONS:</b> Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.		<b>GENERAL INSTRUCTIONS</b> If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	

PLEASE PLACE LABEL IN THIS SPACE

EPA Region 5 Records Ctr.



305953

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X"			SPECIFIC QUESTIONS	MARK "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or E above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1	SKIP	JOHNSON CONTROLS INC
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**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)			
2	LEEDY STANLEY POLL. CONTROL ENG.	219	533	211	1

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	1302 E MONROE STREET	GOSHEN	IN	46526	

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5	1302 E MONROE STREET				
B. COUNTY NAME					
6	GOSHEN	IN	46526	039	

CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	3	8	2	7			
(specify) Measuring & Controlling Devices - Environmental Controls				(specify)			
C. THIRD				D. FOURTH			
7				7			
(specify)				(specify)			

## VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?					
HARRY A MIHM												<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)							
F = FEDERAL		M = PUBLIC (other than federal or state)		P = PRIVATE		O = OTHER (specify)		P		A		219		533		2111	
E. STREET OR P.O. BOX																	
1302 E MONROE ST.																	
F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND			
GOSHEN										IN		46526		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N 0000761										9 P 20-09-82-0525									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
0										(specify)									
C. RCRA (Hazardous Waste)										E. OTHER (specify)									
0										(specify)									

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9A/50

## XII. NATURE OF BUSINESS (provide a brief description)

Manufacturer and Distributor of Automatic Control devices - Principle processes are machining, stamping, molding, plating, painting, automatic and manual light assembly.

F9A/51

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Harold L. Brooks		<i>Harold L. Brooks</i>		10-29-80	

## COMMENTS FOR OFFICIAL USE ONLY

C											
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**FORM 3510-3**  
**EPA**  
**HAZARDOUS WASTE PERMIT APPLICATION**  
Consolidated Permits Program  
(This information is required under Section 3005 of RCRA.)

1. EPA I.D. NUMBER  
FIN D 0 0 9 5 4 9 5 9 3 3

**FOR OFFICIAL USE ONLY**

APPLICATION APPROVED DATE RECEIVED (yr., mo., & day)

23	24	25
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COMMENTS

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

☐ **2. NEW FACILITY** (Complete item below.)

☒ **1. EXISTING FACILITY** (See instructions for definition of "existing" facility. Complete item below.)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
74	01	02

YR.	MO.	DAY
73	74	77 78

**B. REVISED APPLICATION** (place an "X" below and complete item I above)

☐ **2. FACILITY HAS A RCRA PERMIT**

☒ **1. FACILITY HAS INTERIM STATUS**

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
STORAGE TANK	S01	GALLONS OR LITERS
STORAGE TANK	S02	GALLONS OR LITERS
STORAGE TANK	S03	CUBIC YARDS OR CUBIC METERS
STORAGE TANK	S04	GALLONS OR LITERS
INCINERATOR	D71	GALLONS OR LITERS
INCINERATOR	D72	ACRE-FEET OR HECTARE-METER
INCINERATOR	D73	ACRE-FEET OR HECTARE-METER
INCINERATOR	D74	ACRE-FEET OR HECTARE-METER
INCINERATOR	D75	ACRE-FEET OR HECTARE-METER
INCINERATOR	D76	ACRE-FEET OR HECTARE-METER
INCINERATOR	D77	ACRE-FEET OR HECTARE-METER
INCINERATOR	D78	ACRE-FEET OR HECTARE-METER
INCINERATOR	D79	ACRE-FEET OR HECTARE-METER
INCINERATOR	D80	ACRE-FEET OR HECTARE-METER
INCINERATOR	D81	ACRE-FEET OR HECTARE-METER
INCINERATOR	D82	ACRE-FEET OR HECTARE-METER
INCINERATOR	D83	ACRE-FEET OR HECTARE-METER
INCINERATOR	D84	ACRE-FEET OR HECTARE-METER
INCINERATOR	D85	ACRE-FEET OR HECTARE-METER
INCINERATOR	D86	ACRE-FEET OR HECTARE-METER
INCINERATOR	D87	ACRE-FEET OR HECTARE-METER
INCINERATOR	D88	ACRE-FEET OR HECTARE-METER
INCINERATOR	D89	ACRE-FEET OR HECTARE-METER
INCINERATOR	D90	ACRE-FEET OR HECTARE-METER
INCINERATOR	D91	ACRE-FEET OR HECTARE-METER
INCINERATOR	D92	ACRE-FEET OR HECTARE-METER
INCINERATOR	D93	ACRE-FEET OR HECTARE-METER
INCINERATOR	D94	ACRE-FEET OR HECTARE-METER
INCINERATOR	D95	ACRE-FEET OR HECTARE-METER
INCINERATOR	D96	ACRE-FEET OR HECTARE-METER
INCINERATOR	D97	ACRE-FEET OR HECTARE-METER
INCINERATOR	D98	ACRE-FEET OR HECTARE-METER
INCINERATOR	D99	ACRE-FEET OR HECTARE-METER
INCINERATOR	D00	ACRE-FEET OR HECTARE-METER

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
TREATMENT TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TREATMENT TANK	T02	GALLONS PER DAY OR LITERS PER DAY
TREATMENT TANK	T03	GALLONS PER DAY OR LITERS PER DAY
TREATMENT TANK	T04	GALLONS PER DAY OR LITERS PER DAY
TREATMENT TANK	T05	GALLONS PER DAY OR LITERS PER DAY
TREATMENT TANK	T06	GALLONS PER DAY OR LITERS PER DAY
TREATMENT TANK	T07	GALLONS PER DAY OR LITERS PER DAY
TREATMENT TANK	T08	GALLONS PER DAY OR LITERS PER DAY
TREATMENT TANK	T09	GALLONS PER DAY OR LITERS PER DAY
TREATMENT TANK	T10	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	G
GALLONS PER DAY	U	LITERS PER HOUR	H		

**EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below):** A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

1	2	3	4	5	6	7	8	9	10
<p>EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.</p>									
<p>DUP 3 1</p>									
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)
1	S 0 2	200	G	5	S 0 1	200	G	9	T 0 4
2	T 0 3	20	E	6	S 0 1	200	G	10	S 0 1
3	S 0 1	1500	G	7					
4	S 0 2	1100	G	8					
5	T 0 4	35	U	9					
6	S 0 1	31	G	10					

## III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

The following is a brief description of our Treatment System for treating Electroplating Waste.

- a. Cyanide - Rinses are treated in a flow through batch two tank system. Chlorine gas is injected into a 1100 gal. tank at a PH of 11, elapsed time in this tank is 3.9 hours. Waters then flow to second 1100 gal. tank where PH is dropped to 8.2 - 8.5, elapsed time in second tank is 3.9 hours, waters then flow to a neutralization tank.
  - b. Chromic Acid - Rinses are treated in a flow through batch two tank system. Sulfur Dioxide gas is injected into a 700 Gal. tank at a PH of two, elapsed time in this tank is 3.9 hours. Waters then flow to second 700 gal. tank where the PH is raised to 8.2 - 8.5, elapsed time in second tank is 3.9 hours. Waters then flow to a neutralization tank.
  - c. Neutralization - Tank capacity is 7000 gal. and PH is controlled at 8.2 - 8.5 elapsed time in tank is 4.8 hours. Waters flow from neutralization tank to a deep bed filter. (All other biodegradable rinses flow directly into this tank)
  - d. Deep Bed Filter Uses 15 micron filter paper with automatic paper advance. Paper and sludge are stored in barrels. Waters flow directly to City sanitary sewer.
- e. Treatment system design capability is 50,000 gal/day.

## IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which have a listed characteristic or contaminant.

C. UNIT OF MEASURE - For each waste entered in column A, enter the unit of measure for the waste. If the waste is measured in pounds, enter "LBS". If the waste is measured in gallons, enter "GAL". If the waste is measured in drums, enter "DRUMS". If the waste is measured in other units, enter the unit of measure.

D. PROCESSES

## 1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K054	900	P	T03D80	
X-2	D002	400	P	T03D80	
X-3	D001	100	P	T03D80	
X-4	D002				included with above

INOCOC9(5495931)										FOR OFFICIAL USE ONLY									
W 14009549										W DUP 32 DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)										D. PROCESSES									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
				27	28	29	30	31	32	33	34	35	36	37	38	39	40		
1	F 0 0 1	13,000 000	P	S	0	1									Disposed of by Licensed Transporter				
2	F 0 0 2	21,800 000	P	S	0	1									Disposed of by Licensed Transporter				
3	F 0 0 3	3,625 000	P	S	0	2									Disposed of by Licensed Transporter				
4	F 0 0 5	18,810 000	P	S	0	2									Disposed of by Licensed Transporter				
5	F 0 0 6	12,350 000	P	S	0	1									Disposed of by Licensed Transporter				
6	F 0 1 7	8,000 000	P	S	0	1									Disposed of by Licensed Transporter				
7	<del>P 1 0 6</del>	<del>NONE</del>	P												Totally Destroyed in Plating Waste Treatment System				
8	<del>P 1 2 1</del>	<del>NONE</del>	P												Totally Destroyed in Plating Waste Treatment System				
9	U 0 0 2	362 000	P	S	0	2									Disposed of by Licensed Transporter				
10	U 15	11,610 000	P	S	0	2									Disposed of by Licensed Transporter				
11	U 159	6,700 000	P	S	0	2									Disposed of by Licensed Transporter				
12	U 2 2 0	500 000	P	S	0	2									Disposed of by Licensed Transporter				
13	U 2 2 6	19,440 000	P	S	0	1									Disposed of by Licensed Transporter				
14	U 2 2 8	13,000 000	P	S	0	1									Disposed of by Licensed Transporter				
15	U 2 3 9	3,625 000	P	S	0	2									Disposed of by Licensed Transporter				
16	<del>U 2 2 9</del>	<del>2,360 000</del>	<del>P</del>	<del>S</del>	<del>0</del>	<del>1</del>									<del>Disposed of by Licensed Transporter</del>				
17																			
18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			

**D. DESCRIPTION OF HAZARDOUS WASTES**

*tinu di*

**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

1 2 3 4 5 6 7 8 9 10 11 12  
F 0 0 9 5 4 9 5 9 3 3 0

**V. FACILITY LOCATION**

F 6 A 55

F 6 A 56

1 2 3 4 5 6 7 8 9 10 11 12  
1 1 3 4 4 0

1 2 3 4 5 6 7 8 9 10 11 12  
8 5 4 6 4 0 0

**VIII. FACILITY OWNER**

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

☐ B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

**1. NAME OF FACILITY'S LEGAL OWNER**

**2. PHONE NO. (area code & no.)**

JOHNSON CONTROLS, INC.

4 1 4 - 2 7 6 - 9 2 0 0

**3. STREET OR P.O. BOX**

**4. CITY OR TOWN**

**5. ST.**

**6. ZIP CODE**

507 E. Michigan St.

G Milwaukee

WI

5 3 2 0 1

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

**A. NAME (print or type)**

**B. SIGNATURE**

**C. DATE SIGNED**

Harold L. Brooks

*Harold L. Brooks*

10-27-80

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

**A. NAME (print or type)**

**B. SIGNATURE**

**C. DATE SIGNED**

Harry A. Mihm

*H. A. Mihm*

10/27/80

PRODUCTS

N, IND.

Layout)

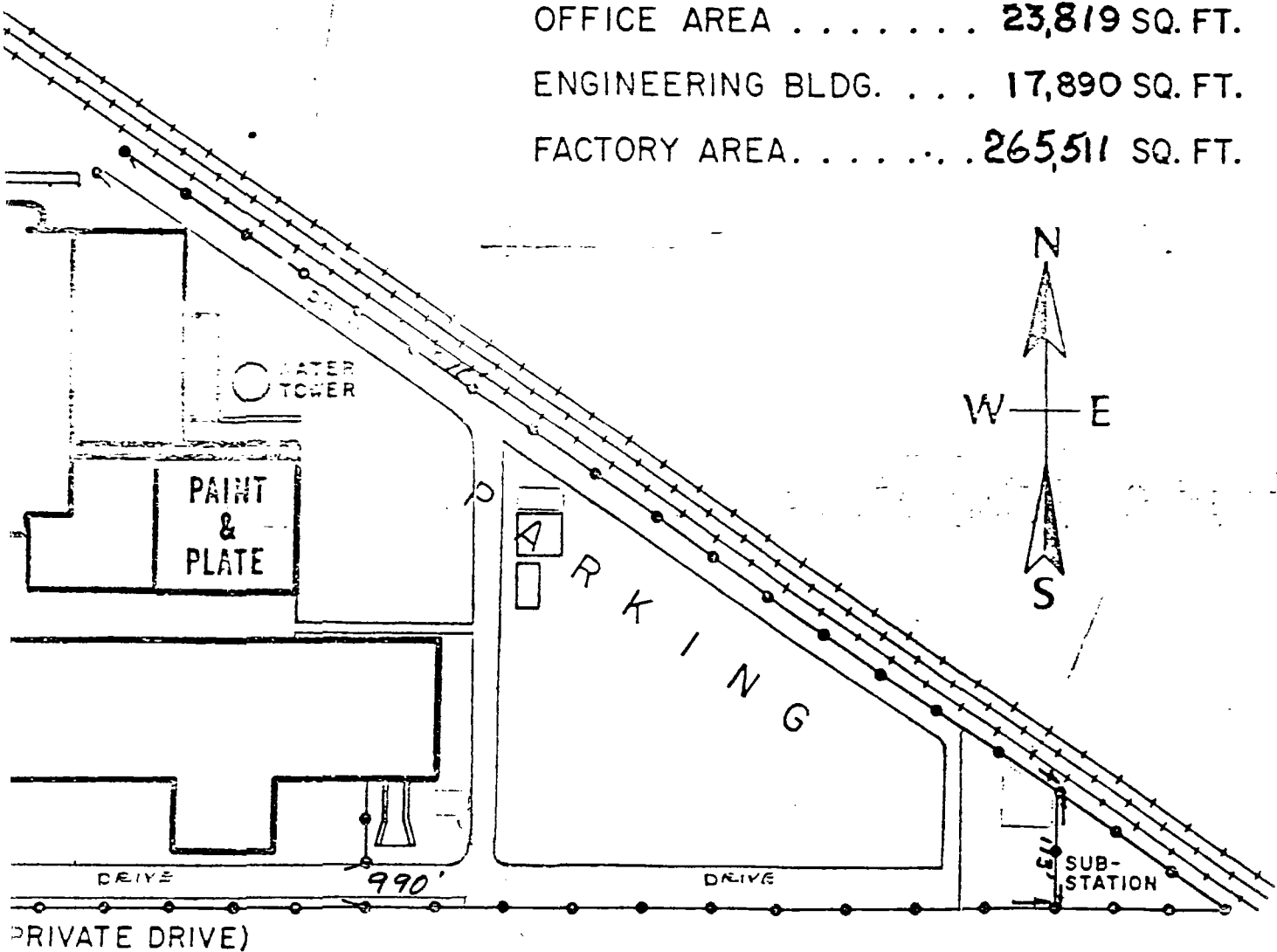
LAND . . . . . 12.8 ACRES

TOTAL AREA UNDER ROOF. . . 307,220 SQ. FT.

OFFICE AREA . . . . . 23,819 SQ. FT.

ENGINEERING BLDG. . . . 17,890 SQ. FT.

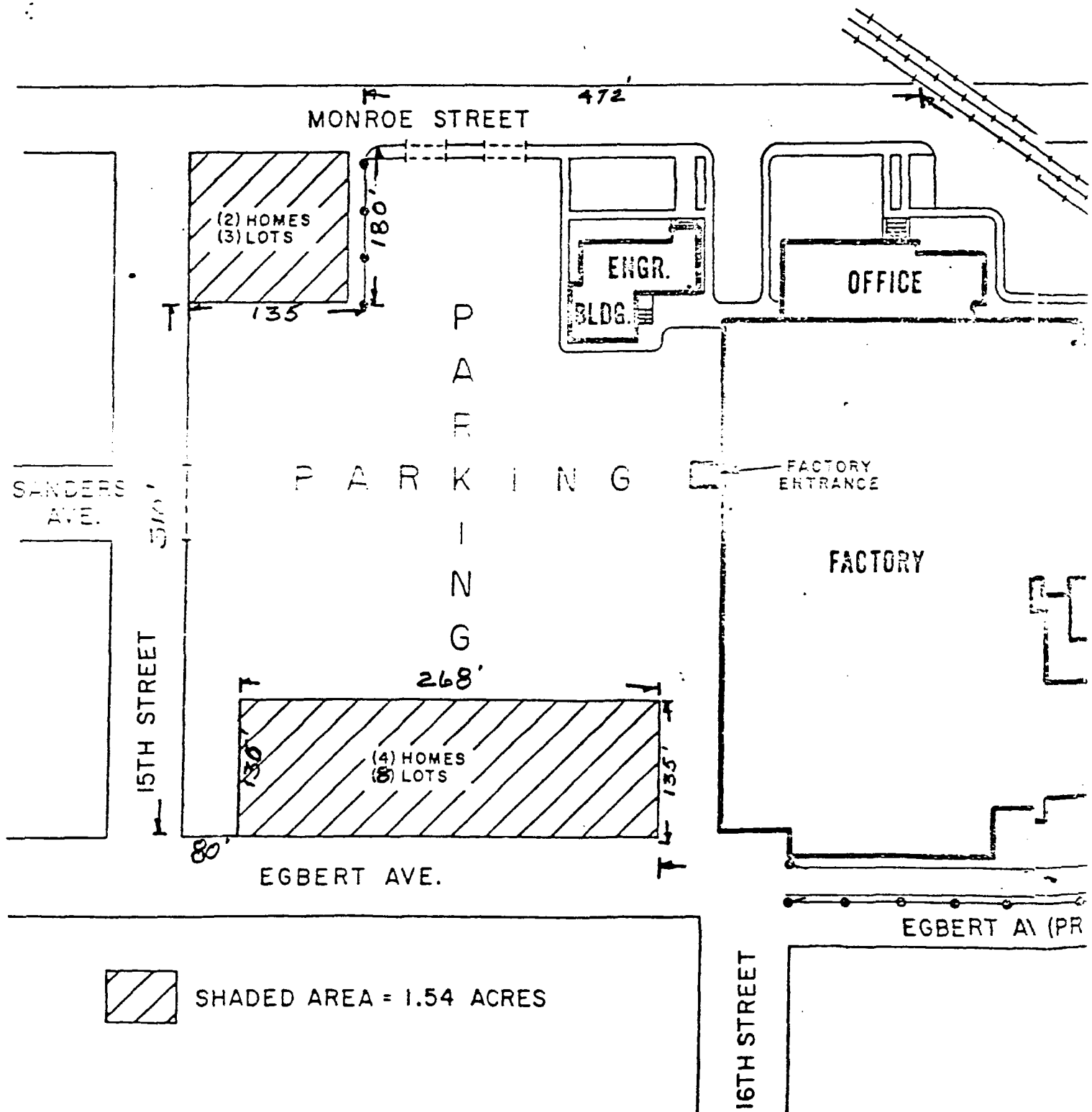
FACTORY AREA. . . . . 265,511 SQ. FT.



PENN IR

GOSHEN,

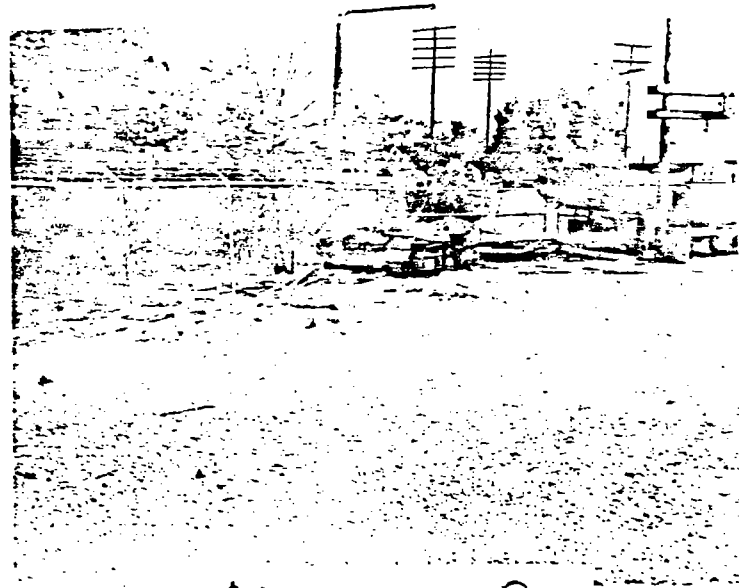
(Property L



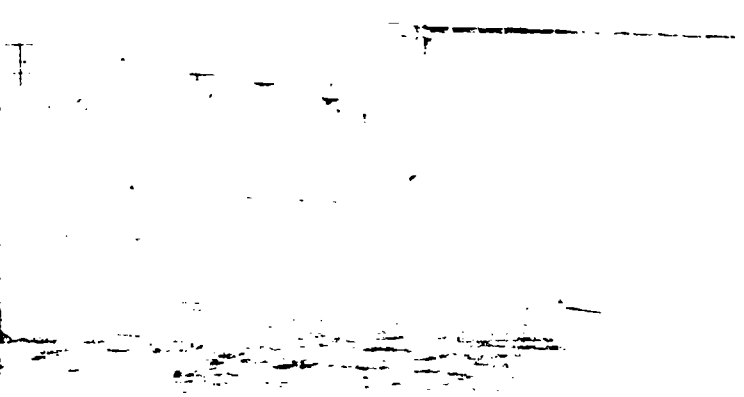




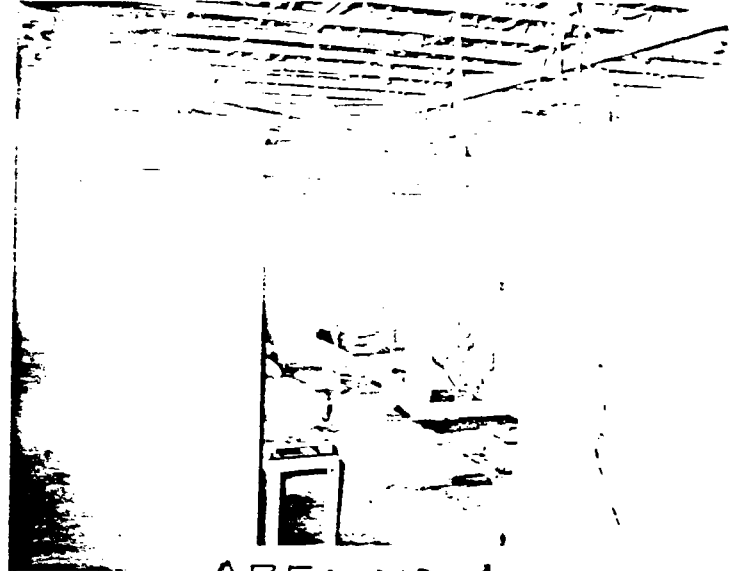
AREA NO. 1



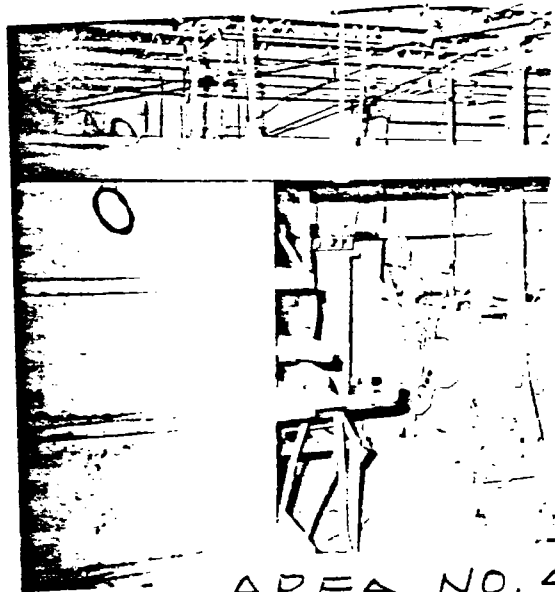
AREA NO. 2



AREA NO. 3



AREA NO. 4



AREA NO. 4